

AUTHORIZATION SIGNATURE FORM

GUIDELINES:

- The individuals listed on the form is authorized to approve and sign documents and expend funds with the execution of standard procedures for the named program(s),
- Anyone who is designated as the Financial Manager **MUST** complete this form.
- Every individual with financial approver access to requisitions and program transaction approvers are required to have an Authorized Signature form on file.
- An authorized Signature Form **MUST** be submitted when an authorized individual is NO longer responsible for a fund and/or program(s).
- The form **MUST** be approved and signed by a person at a higher level than the signatory's position within the organization. Supervisors and Managers are NOT allowed to approve their own signature authorization.
- An Authorized Signature form **MUST** be submitted when an authorized individual is NO longer responsible for a fund and or program(s). Select the "Remove" checkbox on the form.
- Forms are valid for a one-year period and/or through the contract period.

INSTRUCTIONS:

1. Select (1) of the check boxes:
 - New/ Renewal – For a new individual or renewal of authorization.
 - Remove – To remove the form on file. The individual is no longer authorized to approve expenses.
2. Complete the Authorized Signer's Name and Employer ID in the appropriate field.
3. This form **MUST** be signed in order to be valid. NO signature is required from the Authorized Signer being removed.
4. Complete the Program Name(s) in the appropriate field.
5. Complete the Fund Type(s) in the appropriate field (CDBG, HOME and/or ESG).
6. A Financial Approver or Executive Director **MUST** date, sign name and title in the appropriate fields for new, renewal and removing authorization.

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AUTHORIZATION SIGNATURE FORM

Fiscal Year: _____ to _____ New/ Renewal: ☐ Remove: ☐

Organization Name: _____

An *Authorized Signature* Form is **REQUIRED** for all funds beginning with 3000, 2275, and General Fund allocations.

New/ Renewal Authorized Signer Name: _____

Signature: _____ Date: _____

New/ Renewal Authorized Signer Name: _____

Signature: _____ Date: _____

Remove Authorized Signer Name: _____ Date: _____
(No Signature required)

This individual is authorized to sign documents and expend funds with the execution of standard procedures for the programs listed below:

***Identify Program Name and Program Fund Type: CDBG, HOME and/or ESG. Please type in the appropriate fund program.**

PROGRAM NAME:

PROGRAM FUND (CDBG, HOME, ESG)

ORIGINAL FORM MUST BE RETURNED TO THE OFFICE OF BUDGET AND GRANTS MANAGEMENT, DIVISION OF GRANTS MANAGEMENT.

This form **MUST BE SIGNED** before submission to receiving payment requests for your program.

I certify that the signatures above are of the individuals authorized to execute financial documents.

Authorized By: Title

Date

Print Name of Authorized Official

This form should not be modified. Modified forms will not be accepted.